

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019739

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 254Primary Registration District No. 4386Registrar's No. 28

STATE FILE NUMBER

FILED JUN 13 1962

## 1. PLACE OF DEATH

a. COUNTY

Oregon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ThayerLength of stay in lb  
6 mon.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Oregon

c. CITY OR TOWN Thayer

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Homer

Ray

Lucus

4. DATE

OF DEATH

June 1, 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-6-1897

9. AGE (last birthday) 64

IF UNDER 1 YEAR

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Civil Engineering

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

Mammoth Spring, Ark. U.S.A.

13a. FATHER'S NAME

John Henry Lucas

13b. MOTHER'S MAIDEN NAME

Sarah Ellen Frazier

14. NAME OF HUSBAND OR WIFE

Hannah Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes U.S. World War

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MAM Mrs. Hannah Lucas Thayer, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Bronchogenic CA

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8:10 P.

and last saw her alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE

June 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

Thayer Cemetery

23d. LOCATION (City, town, or county)

Thayer,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Carter Funeral Home Thayer, Mo.

25. DATE RECD. BY LOCAL REG.

6-4-62

26. REGISTRAR'S SIGNATURE

Ray O. Blain per RZ

JUN 14 1962

JUN 19 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Leland Carter*

Licensed Embalmer No.

4516

P. O. Address

*West Plains, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*Permit Obtained 6-4-62 RJA per EX.*